

# Village in the Pines Owners Association, Inc.

## CLUBHOUSE RESERVATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (OTHER): \_\_\_\_\_

RESERVATION DATE: \_\_\_\_\_ HOURS From \_\_\_\_\_ To \_\_\_\_\_

TYPE OF FUNCTION: \_\_\_\_\_ NUMBER OF GUESTS: \_\_\_\_\_

**MAXIMUM NUMBER OF GUESTS ALLOWED IS one hundred (100)**

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND READ A COPY OF THE RULES AND REGULATIONS AND WILL ABIDE BY THE SAME.

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

### PLEASE NOTE:

**NO SMOKING IS PERMITTED IN THE CLUBHOUSE.**

**IF SERVING ALCOHOL, YOU MUST SHOW PROOF OF A ONE-DAY INSURANCE RIDER. THE RIDER MUST BE SUMITTED WITH DEPOSIT.**

### LIABILITY RELEASE STATEMENT

I HEREBY RELEASE VILLAGE IN THE PINES OWNERS ASSOCIATON, INC. OF ANY AND ALL LIABILITY FOR INJURIES AND DAMAGES INCURRED BY MYSELF, MY FAMILY, MY GUEST(S) AND INVITEE(S), DURING THE PERIOD OF MY RESERVATION AND WHILE ON THE VILLAGE IN THE PINES OWNERS ASSOCIATON PROPERTY; AND FURTHER, AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY AND ALL DAMAGES CAUSED BY MYSELF, MY FAMILY, MY GUEST(S) AND ALL PARTIES USING THE ACTIVITY ROOM AND RELATED FACILITIES DURING THE PERIOD OF MY RESERVATION.

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

**Important: Please sign where indicated and bring this form and a check for \$100.00 made out to Village in the Pines two weeks before the date your event was booked to Linda Kinney, villa #72, Phone: 419-349-0463 Deposit is refundable if there is no damage and clubhouse is left in clean condition.**